

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10		2					60						
11		1					61						
12		2					62						
13		2					63						
14		2					64						
15	1						65						
16		2					66						
17		3					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		2					82						
33		2					83						
34	1						84						
35		1					85						
36	1						86						
37	1						87						
38		1					88						
39		1					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8		7				TOTAL IND.						
TOTAL DEP.	44		43				TOTAL DEP.						
TOTAL CLAIMS	52						TOTAL CLAIMS						